

Receipt #4

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 3/6/03			
Typed or printed name:	Cynthia Langrall		
Signature:	CA Langrall	Date:	3/6/03

PATENT

IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

Applicant -	Sherry et al.	Group -	2632
Serial No. -	09/935,803	Examiner -	Not yet known
Filed -	08/23/2001	Atty Docket No. -	H0001333
For -	DISPLAY OF ALTITUDE AND PATH CAPTURE TRAJECTORIES		

Office of Initial Patent Examination
Customer Service Center
Assistant Commissioner of Patents
Washington, D.C. 20231

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MAR 26 2003
Technology Center 2600

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance if a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data, which is:

☒ incorrectly entered

Error in

Correct data

1. <input checked="" type="checkbox"/> Attorney Docket Number:	1. H0001333
----------------------------------------------------------------	-------------

3. ☒ At least one of the above corrections is due to applicant's error and the fee therefor under 37 CFR 1.19(h), of \$25.00 is paid as follows:

☒ Charge Account 01-1125 \$25.00.

Date: 3 Mar 03

Miriam Jackson, Attorney
Registration No. 33,911
Honeywell International Inc.
Law Dept. AB2, PO Box 2245
Morristown, NJ 07962-9806
Telephone: 602-436-2909

Amended



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/935,803	08/23/2001	2632	944	400033/36180-5200	19	33	3

CENTRA

H0001333

CONFIRMATION NO. 9582

Honeywell International, Inc.,
Law Department AB2
P.O. Box 2245
Morristown, NJ 07962-9806

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Office of General Counsel

OCT 26 2001

FILING RECEIPT



OC00000006917692

Date Mailed: 10/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Lance C. Sherry, Fairfax, VA;
Steven T. Quarry, Phoenix, AZ;

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MAR 26 2003

Domestic Priority data as claimed by applicant

Technology Center 2600

Foreign Applications

Projected Publication Date: To Be Determined - pending completion of Security Review

Non-Publication Request: No

Early Publication Request: No

Title

Display of altitude and path capture trajectories

Preliminary Class

340

LICENSE FOR FOREIGN FILING UNDER

340
10/24/01



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Washington, DC 20231
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CONFIRMATION NO. 9582

Bib Data Sheet

SERIAL NUMBER 09/935,803	FILING DATE 08/23/2001 RULE	CLASS 340	GROUP ART UNIT 2632	ATTORNEY DOCKET NO. H0001333	
APPLICANTS Lance C. Sherry, Fairfax, VA; Steven T. Quarry, Phoenix, AZ;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/19/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY VA	SHEETS DRAWING 19	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
ADDRESS Honeywell International, Inc., Law Department AB2 P.O. Box 2245 Morristown, NJ 07962-9806					
TITLE Display of altitude and path capture trajectories					
FILING FEE RECEIVED 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/935,803
Filing Date	08/23/2001
First Named Inventor	Sherry et al.
Group Art Unit	2632
Examiner Name	Not yet known
Attorney Docket Number	H0001333

Total Number of Pages in This Submission 5

ENCLOSURES (check all that apply)

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below):
Request - Corrected Filing Receipt
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name
Honeywell International Inc.
Miriam Jackson, Reg. No. 33,911

Signature

Miriam Jackson

Date

5 Mar 03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 3/6/03

Typed or printed name
Cynthia Langrall

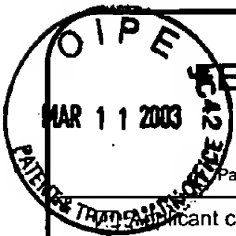
Signature

C. Langrall

Date

3/6/03

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FREE TRANSMITTAL **For FY 2002**

Patent fees are subject to annual revision.

Significant claims small entity status. See 37 /CFR 1.27.

TOTAL AMOUNT OF PAYMENT \$25.00

COMPLETE IF KNOWN

Application No.	09/935,803
Filing Date	08/23/2001
First Named Inventor	Sherry et al.
Examiner Name	NOT YET KNOWN
Group Art Unit	2632
Attorney Docket No.	H0001333

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other

☒ Deposit Account

Deposit Account Number **01-1125**

Deposit Account Name **Honeywell International Inc.**

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayment

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
101	740	201	370	Utility Filing Fee	
106	330	206	165	Design Filing Fee	
107	510	207	255	Plant Filing Fee	
108	740	208	370	Reissue Filing Fee	
114	160	214	80	Provisional Filing Fee	
SUBTOTAL (1)					\$ - 0 -

2. EXTRA CLAIM FEES

Total Claims	-20** =	Extra Claims	- 0 -	x	Fee from below	18.00	=	Fee Paid	- 0 -
Independent Claims	- 3 =		- 0 -	x		84.00	=		- 0 -
Multiple Dependent Claims			- 0 -	x		280.00	=		- 0 -

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$ - 0 -

**number previously paid, if greater, see above for Reissues.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,250	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	480	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
195	300	195	300	Publication fee	

Other fee (specify)

Request - Corrected Filing Receipt

25

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **\$25.00**

SUBMITTED BY

Name (Print / Type)	Miriam Jackson	Registration No. (Attorney/Agent)	33,911	Complete (if applicable)	Telephone	602-436-2909
Signature	<i>Miriam Jackson</i>	Date	3 Mar 03			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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